

UTAH LIFE, ANNUITY, CREDIT LIFE, AND CREDIT ACCIDENT & HEALTH
DISCRETIONARY GROUP AUTHORIZATION QUESTIONNAIRE
Utah Code Annotated (U.C.A.) 31A-22-509

INSURER NAME _____ NAIC# _____ Domicile _____
Contact Person _____
Mailing Address _____
Telephone Number _____ Email _____

All questions must be answered in detail. Complete a separate form for each group.

1. GROUP INFORMATION:

Policyholder Name: _____
Group Name: _____
Date group was formed: ____/____/____ By whom: _____
Describe the purpose of group: _____

Qualifications for membership: _____
Is the group composed of other groups or other unrelated persons: _____
Explain and list all other groups and/or unrelated persons: _____

Who will be the beneficiary: _____
If the policy terminates or the insured leaves the group, what happens to the insurance of the individual insured: _____

2. TRUST INFORMATION:

Is a TRUST involved: _____ Yes _____ No Trust Domicile: _____
If yes, what is the name of the trust: _____
Date group was formed: ____/____/____ By whom: _____
Trustee Name: _____
Trustor Name: _____
Trust Administrator Name: _____
Who is eligible to be participants in the trust: _____
What is the function or purpose of the trust: _____

3. BILLING, COLLECTION & PAYMENT OF PREMIUMS: Mark all applicable

- _____ Premiums paid by the Policyholder from it own funds or from funds contributed by insured.
- _____ Payroll Deduction.
- _____ Deductions from a Depository Account
- _____ Automatic charges to a credit card or open charge account.
- _____ Trust Administrator collects premiums and forwards to insurer.
- _____ Billed Individually.
- _____ Other _____

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4. MARKETING:

Type of insurances to be marketed:

Identify all organizations and individuals involved in marketing and describe their functions: _____

Where do the leads for marketing or enrolling group members originate: _____

How is the marketing and/or enrolling done: _____

Who performs the marketing or enrolling of the group:

_____ Employees of the insurer. (Unlicensed telemarketers may not market the insurance.)

_____ Enrolled by policyholder where the individual is a member of the group.

_____ Mass solicitation (i.e. direct mail or internet)

_____ Solicited individually by producers licensed in Utah.

_____ Other _____

5. DOCUMENTS TO BE SUBMITTED:

_____ Cover letter and a self addressed stamped envelope

_____ Complete copy of trust agreement, bylaws, and/or articles of incorporation.

_____ Certification signed by a qualified actuary that states the proposed group is actuarially sound.

_____ Additional materials may be submitted to further describe the group.

_____ Other _____

CERTIFICATION: Initial each item

_____ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs; and the life insurance or annuity policy, certificate or other indicia of coverage that will be offered to the proposed group is substantially equivalent to policies that are otherwise available to similar groups.

_____ BY COMPLETING THIS FORM, THE COMPANY CERTIFIES THAT THE MARKETING WILL BE LIMITED TO THE GROUP IDENTIFIED HEREIN. IF YOU MARKET THE PRODUCT TO OTHER GROUPS, A NEW QUESTIONNAIRE MUST BE SUBMITTED TO THE DEPARTMENT.

Print Name

Title

Original Signature

Date

PURSUANT TO U.C.A. 31A-22-509, DISCRETIONARY GROUP AUTHORIZATION MUST BE OBTAINED PRIOR TO FILING THE FORMS.

For general questions contact Sandra Christensen, (801) 538-3863 or schristensen@utah.gov.